

REQUEST FOR DRUG/ALCOHOL TEST

The JJS who escorted the youth to the infirmary must take a copy of this completed form to the youth's case manager before the end of the JJS's shift. The case manager shall maintain this form in the youth's master record.

Youth's Name _____ JETS# _____ Housing Unit: _____

Request made by: _____ Date: _____
(Name of YS staff who thinks this test is necessary)

Reason(s) for this request: _____

Operations Shift Supervisor receiving request: _____ Date/time _____
(OSS signature, date and time)

☐ Test approved by radio/phone: _____
(Signature of person receiving the approval, date and time)

☐ Test approved in person: _____
(Director, date, and time. Note: if approved over phone or radio, Director must sign here to confirm the verbal authorization.)

Time youth entered infirmary: _____

Sample(s) obtained by/date and time: Sample 1: _____ Sample 2: _____
(CCS employee, date and time)

Sample(s) witnessed by/date and time: _____
(CCS employee or JJS employee, date and time)

Results: _____

IF POSITIVE DRUG SCREEN, a repeat urine screen may be conducted as requested.

IF POSITIVE ALCOHOL SCREEN: disposable breath alcohol testing device is self confirming; no further test shall be given.

(Signature of CCS employee conducting test(s)) Date: _____

(Printed name of CCS employee conducting the tests(s))

REFUSAL: A youth may refuse a drug or alcohol test by stating that he refuses to take the test or, for a drug test, by not providing a urine specimen within three (3) hours of his arrival at the infirmary.

Youth refused test: ☐ refused ☐ refused to provide a urine sample

Youth's signature: _____ Date: _____

Time: _____ Staff witness signature: _____

Staff witness signature: _____

Original to Facility Director
Copy to Case Manager
Copy to youth's Master Record
Copy to Code of Conduct Officer